

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) HF-350-PCT

Box No. I TITLE OF INVENTION	
LEGGED MOBILE ROBOT	
Box No. II APPLICANT <input type="checkbox"/> This person is also inventor	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	
HONDA MOTOR CO.,LTD.	
1-1, Minami-Aoyama 2-chome, Minato-ku,Tokyo 107-8556 JAPAN	
State (that is, country) of nationality:	State (that is, country) of residence:
JAPAN	JAPAN
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	
TAKEMURA Yoshinari	
c/o KABUSHIKI KAISHA HONDA GIJYUTSU KENKYUSHO,	
4-1, Chuo 1-chome, Wako-shi, Saitama 351-0193 JAPAN	
State (that is, country) of nationality:	State (that is, country) of residence:
JAPAN	JAPAN
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.	
Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)	
8197 YOSHIDA Yutaka	
816, Ikebukuro White House Building, 20-2, Higashi Ikebukuro 1-chome, Toshima-ku, Tokyo 170-0013 JAPAN	
Telephone No.	03-5956-7220
Facsimile No.	03-5956-7222
Teleprinter No.	
Agent's registration No. with the Office	
<input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)*If none of the following sub-boxes is used, this sheet should not be included in the request.*

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

HASEGAWA Tadaaki

c/o KABUSHIKI KAISHA HONDA GIYUTSU
KENKYUSHO,

4-1, Chuo 1-chome, Wako-shi, Saitama 351-0193 JAPAN

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

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JAPAN

State (that is, country) of residence:

JAPAN

This person is applicant for the purposes of:

- ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

FUKUSHIMA Takafumi

c/o KABUSHIKI KAISHA HONDA GIYUTSU
KENKYUSHO,

4-1, Chuo 1-chome, Wako-shi, Saitama 351-0193 JAPAN

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☐ inventor only (If this check-box is marked, do not fill in below.)

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☐ Further applicants and/or (further) inventors are indicated on another continuation sheet.

See Notes to the request form

Box No. IX CHECK LIST; LANGUAGE OF FILING		
<p>This international application contains:</p> <p>(a) in paper form, the following number of sheets:</p> <p>request (including declaration sheets) : 4</p> <p>description (excluding sequence listing and/or tables related thereto) : 20</p> <p>claims : 3</p> <p>abstract : 1</p> <p>drawings : 8</p> <p>Sub-total number of sheets : 36</p> <p>sequence listing : </p> <p>tables related thereto : </p> <p><i>(for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below)</i></p> <p>Total number of sheets : 36</p> <p>(b) <input type="checkbox"/> only in computer readable form (Section 801(a)(i))</p> <p>(i) <input type="checkbox"/> sequence listing</p> <p>(ii) <input type="checkbox"/> tables related thereto</p> <p>(c) <input type="checkbox"/> also in computer readable form (Section 801(a)(ii))</p> <p>(i) <input type="checkbox"/> sequence listing</p> <p>(ii) <input type="checkbox"/> tables related thereto</p> <p>Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the</p> <p><input type="checkbox"/> sequence listing: </p> <p><input type="checkbox"/> tables related thereto: </p> <p><i>(additional copies to be indicated under items 9(ii) and/or 10(ii), in right column)</i></p>	<p>This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):</p> <p>1. <input checked="" type="checkbox"/> fee calculation sheet : 1</p> <p>2. <input checked="" type="checkbox"/> original separate power of attorney : 1</p> <p>3. <input type="checkbox"/> original general power of attorney : </p> <p>4. <input checked="" type="checkbox"/> copy of general power of attorney; reference number, if any: : 1</p> <p>5. <input type="checkbox"/> statement explaining lack of signature : </p> <p>6. <input checked="" type="checkbox"/> priority document(s) identified in Box No. VI as item(s): (1) : 1</p> <p>7. <input type="checkbox"/> translation of international application into (language): : </p> <p>8. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material : </p> <p>9. <input type="checkbox"/> sequence listing in computer readable form (indicate type and number of carriers)</p> <p>(i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application) : </p> <p>(ii) <input type="checkbox"/> (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter : </p> <p>(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listing mentioned in left column : </p> <p>10. <input type="checkbox"/> tables in computer readable form related to sequence listing (indicate type and number of carriers)</p> <p>(i) <input type="checkbox"/> copy submitted for the purposes of international search under Section 802(b-quater) only (and not as part of the international application) : </p> <p>(ii) <input type="checkbox"/> (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-quater) : </p> <p>(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column : </p> <p>11. <input type="checkbox"/> other (specify): : </p>	<p>Number of items</p>
<p>Figure of the drawings which should accompany the abstract: FIG. 1</p>	<p>Language of filing of the international application: JAPANESE</p>	
<p>Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE</p> <p><i>Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).</i></p>		
<p>YOSHIDA Yutaka (Seal)</p>		

For receiving Office use only	
<p>1. Date of actual receipt of the purported international application:</p>	<p>2. Drawings:</p> <p><input type="checkbox"/> received:</p> <p><input type="checkbox"/> not received:</p>
<p>3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:</p>	
<p>4. Date of timely receipt of the required corrections under PCT Article 11(2):</p>	
<p>5. International Searching Authority (if two or more are competent): ISA / JP</p>	<p>6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid</p>

For International Bureau use only
<p>Date of receipt of the record copy by the International Bureau:</p>

This sheet is not part of and does not count as a sheet of the international application.

PCT

FEE CALCULATION SHEET

Annex to the Request

For receiving Office use only

International Application No. _____

Date stamp of the receiving Office _____

Applicant's or agent's
file reference

HF-350-PCT

Applicant

HONDA MOTOR CO., LTD.

CALCULATION OF PRESCRIBED FEES

1. TRANSMITTAL FEE

110000 **T**

2. SEARCH FEE

S

International search to be carried out by _____

(If two or more International Searching Authorities are competent to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search.)

3. INTERNATIONAL FILING FEE

Where items (b) and/or (c) of Box No. IX apply, enter **Sub-total number of sheets** } **36**
Where items (b) and (c) of Box No. IX do not apply, enter **Total number of sheets** }

i1 first 30 sheets **116000** **i1**

i2 **6** x **1200** = **7200** **i2**
number of sheets in excess of 30 fee per sheet

i3 additional component (only if sequence listing and/or tables related thereto are filed in computer readable form under Section 801(a)(i), or both in that form and on paper, under Section 801(a)(ii)):

400 x _____ = _____ **i3**
fee per sheet

Add amounts entered at i1, i2 and i3 and enter total at I **123200** **I**

(Applicants from certain States are entitled to a reduction of 75% of the international filing fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the international filing fee.)

4. FEE FOR PRIORITY DOCUMENT (if applicable)

P

5. TOTAL FEES PAYABLE

233200

Add amounts entered at T, S, I and P, and enter total in the TOTAL box

TOTAL

MODE OF PAYMENT

☐ authorization to charge
deposit account (see below)

☐ postal money order

☐ cash

☐ coupons

☐ cheque

☐ bank draft

☐ revenue stamps

☐ other (specify): _____

AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT

(This mode of payment may not be available at all receiving Offices)

☐ Authorization to charge the total fees indicated above.

☐ *(This check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit)* Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.

☐ Authorization to charge the fee for priority document.

Receiving Office: RO/ _____

Deposit Account No.: _____

Date: _____

Name: _____

Signature: _____